



PATENT  
450100-03410

2674

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : Ryosuke Takeuchi  
Serial No. : 09/927,050  
For : PORTABLE TELEPHONE  
Filed : August 9, 2001  
Examiner : Tran, Henry N.  
Art Unit : 2674  
Confirmation No. : 4114

745 Fifth Avenue  
New York, NY 10151  
(212) 588-0800

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 7, 2005.

Thomas F. Presson, Reg. No. 41,442  
(Name of Applicant, Assignee or Registered Representative)

Thomas F. Presson  
Signature

March 7, 2005  
Date of Signature

**AMENDMENT UNDER 37 C.F.R. § 1.121**

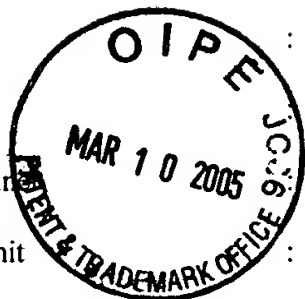
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on December 14, 2004, having a three-month statutory period for response set to expire on March 14, 2005, please amend the above-identified application as follows.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Ryosuke Takeuchi  
Serial No. : 09/927,050  
Filed : August 9, 2001  
For : PORTABLE TELEPHONE  
Examined by : Tran, Henry N.  
Art Unit : 2674



745 Fifth Avenue  
New York, NY 10151

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	6	Minus	20	0 x	\$18 (9)	= \$0.00
Independent claims	1	Minus	3	0 x	\$86 (43)	= \$0.00
Total additional fee for this amendment						\$0.00

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_-month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$\_\_\_ is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.
- ☐ Charge \$\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 7, 2005

Thomas F. Presson, Reg. No. 41,442

Name of Applicant, Assignee or Registered Representative  
Thomas F. Presson  
Signature

March 7, 2005

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicant

By:

Thomas F. Presson  
Thomas F. Presson  
Reg. No. 41,442  
Tel: 212-588-0800

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.